MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00760 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Day 2b. HOUR Yeor (Type or Print) OF ESTI-169 GEORGE AIREY Jan 6 delay is and 3 ta M3. Page Jr. 40 DEATH MATED land 2 with the State Department 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR puo 58 yp PM3 White Male Day Year June 27, 1910 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH executed within 24 haurs after death daing in pencil in Item 18. Give Pages 1, Medical Examiner's Office along with form country) Maryland Dorchester USA WIDOWED | DIVORCED X Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR Cambridge Md. Hospital during most of working life, even if retired.)
Boat Captain INDUSTRY Yachts Cambridge 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 201 Byrn Street odmission) STATEMaryland 13b. COUNTY Dorchester Cambridge YES X NO ofter 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Last Mowbray Airev Naomi George pages haurs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT LeCompte Funeral Service records (Yes, no or unknown) File 72 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: mins. IMMEDIATE CAUSE (a) Coronary occlusion any event DUE TO, OR AS A CONSEQUENCE OF burial-transit shauld be farwarded to the Chie Conditions, if any, which gave rise to immediate cause (a). This certificate should please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 removal, CERTIFICATION nsed 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NOK pe 10 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAL EXAMINER: burial, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e, PLACE OF INJURY (At hame, farm, street, City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK director. Page 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection x Inquiry and in my opinion death resulted from: Natural causes It. Accident ... Suicide Homicide Undetermined monner retained prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE 1/8/69 To FUN. Health DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. Cambridge. Md. NAME (TYPE ADDRESS(Street, city, tawn, ar county) 23a. BURIAL TREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Stote) Jan 9, 1969 Dorchester Memorial Park Cambridge, Maryland 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 44. FUNERAL DIRECTOR
LeCompte Funeral Service, Cambridge, Maryland 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00761 CERTIFICATE OF DEATH filled in by the funeral noges 1 and 2 it in 72 hours after death. 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) JANUARY J. WARREN BALDWIN 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS. last birthday) DAYS HOURS MALE MAY 5. 1906 NEGROID 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED NORTH CAROLINA USA WIDOWED [ DIVORCED [ DOCHESTER 10, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane hin 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) ₹ please remave tarbon CAMBRIDGE **Rempletery** CAMBRIDGE MD. HOSP. . and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN futed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES X NO CAMBRIDGE 513 DOBSON STREET requires that the death certificate be expen 14. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First signed by the attending physician ond burial-tronsit permit. Then please rem Middle Lost JOHN BALDWIN MARY **EWBANKS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates at service) burial, cremotion, or removal, 239-28-8659 EDYTHE JOLLEY CAMBRIDGE, MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Cerebral vascular hemorrahare DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave a ardiovasculan rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retoined by the hospital or attending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the shauld be filed with the Stote Dept. of Heolth prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO TO 21a. ACCIDENT WAS UNDERLYING 23c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (I) (this haspital) attended the deceased fram September 309, 68, ta Jan, 13, 19, 69, that (I) (we) last saw the deceased alive an Jan, 13, 19, 69, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (1) (me) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF Jan. 16, 1969 DEGREE PHYS PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b DATE 23d. LOCATION (City or Town) (Caunty) (State) REMANDURE GREENHILL CEMETERY HIGH POINT 25b. REGISTRAR'S SIGNATURE STADERAIR F. HOME VR A15 (4) 45M - 1/69 CAMBRIBGE, MD.

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		00767 DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	00762
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1		22d PHYSICIAN'S NAME (Type) LEANINGO ATREA M	22e. ADDRESS	? - //·	C
1			D. FOSTERIS.	HORE HONIPIUDLO	EMBRIOUS MD
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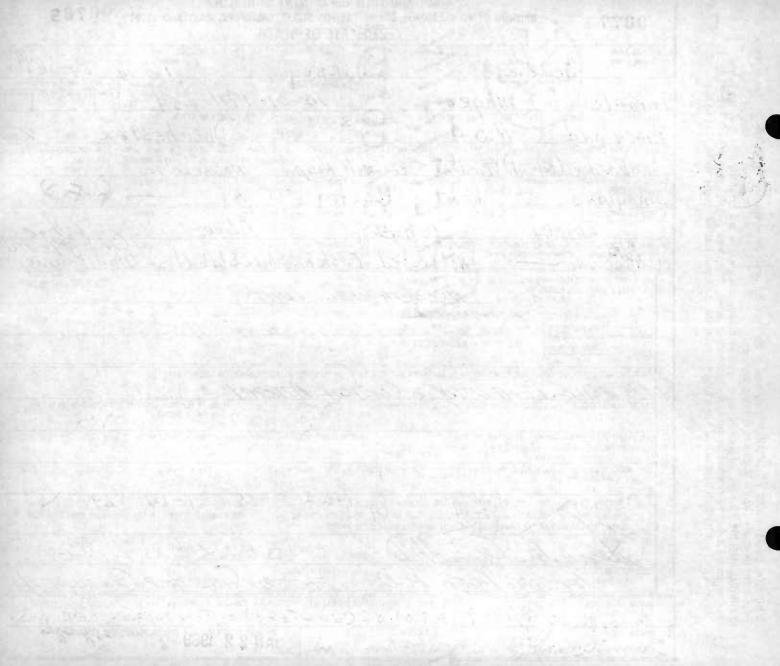
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	MARTLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	766
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G PHYSICIAN: The law requires that the death certificate be executed within the hospital ar attending physician. This certificate has been signed by the attending physician and campletely fills detached far use as the burial-transit permit. Then please remave carban to Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within	IR CALLSE OF DEATH (Fotor only one cause per line for (a) (b) and (b)	PROXIMATE INTERVAL WEEN ONSET AND DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre	220. I certify that (I) (this haspital) attended the deceased from 10-2, 1964, to 1-2, 1969, to saw the deceased alive on 16 n that 1967, and that in (my) (aur) opinion death accurred an the date and has causes stated above, (I) (we) (did) (did not) view the bady after death.	hat (I) (we) last our and from the
OR AT be reta DIRECTO	226. SIGNATURE ATTENOING MEO. STAFF 226. DATE SIGNED OF PHYS. DIRECTOR PHYS.	
Foge 4 may for FUNERAL director, pages shauld be filled.	22d. PHYSICIAN'S NAME (Type) CARYOS F. BARRUS O MO 22e. ADDRESS HURIOLIK DOCHESTER	Md
TO HOS Page 4 direct	230 BURIAL, CREMATION 23b. DATE 1969 23 MATE OF COMMERCY OR CREMATORY 23d. LOCATION (City or Town) (County) DENTON, CAROLINA	E ND
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SICIAN: spital o ertificatied for	MEDICAL C	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exomine	r) P.M.	Month Doy Yeor			URRED (Enter notur	e of injury in Port	1 or Port 2, 1	tem 18.)	
NING PHYSICIAN by the hospital fler this certifica be detached for state Dept. of He		While Not while		T HOME, FARM, STREET, FAC FEICE BUILDING, ETC.				City or Town		County	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		22a. I certify that (I) (this saw the deceased aliveauses stated above,	haspital) aften ve an (did) (d	ded the decease lid not) view the b	od from 9 <b>69</b> _, and bady after d	that in (m) eath.	, 19 <u>38</u> , (aur) apinian	ta <u>/-</u> / death accurred	an the da	69 , that te and haur a	(H) (we) last and fram the
AL OR ATTENION by be retoined L DIRECTOR: A age 3 should filed with the		22b. SIGNATURE	de la eser	ardia,	MID DEGRE	ATTENDIN PHYS.	☐ DIRECTO	R STAFF PHYS.	22c. [	PATE SIGNED	9
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00 0 VR A15 PM		REMOVAL (Specify) / -/	1-1969	PARSO	0	meter		ALISOU STRAR 25b.	14, h	(County)	(Stote)
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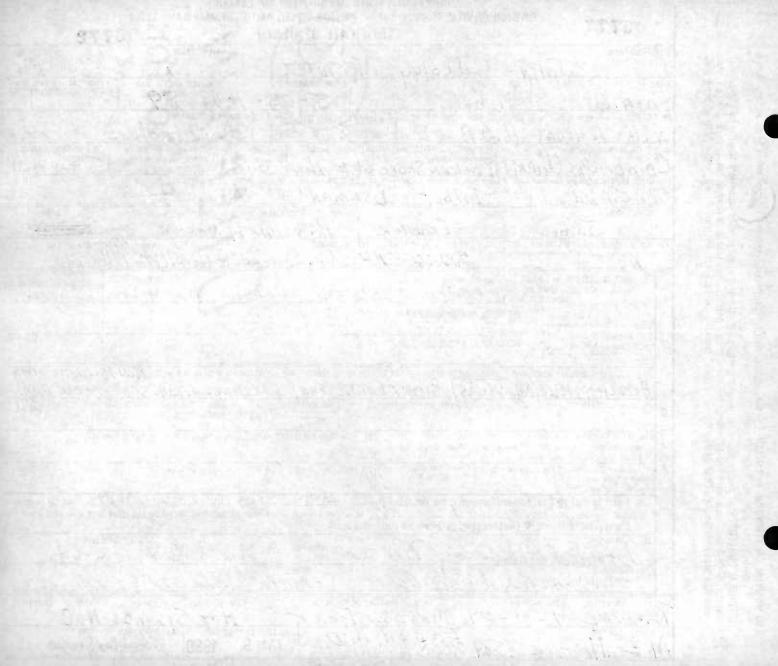


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	1			ID STATE DEPARTMENT OF		
2		00776		301 W. PRESTON STREET, BALT		// My My m
	-	0011		CERTIFICATE OF DEATH		00771
4 24		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
deat r deat	(1	ype or print) Albei	-t Lindale	Flubart	/ Month // Day	69 Year 1150 A M
5 5 5	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
aft ges off		male	White	10-24-88	last birthday)	MONTHS DAYS HOURS MIN.
hours aft.  by the,  S. Pages, hours off	7a. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	cour	Pary land	U.S. A	WIDOWED DIVORCED	Dorchester	Md.
ompletely filled in ve corbon paper event, within 72		ITY OR JOWN OF DEATH	11. NAME OF HOSPITAL OR IN		AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
₹ 5 to 13	(	ambridge	give street address)	e State Wasp. during m	ost of working life, even if retired.)	INDUSTRY
completely over corbon y event, with			sed lived, if institution: Residence befare, 13b. COUNTY) Talport		IMITS? 13e. STREET AND NUMBER	
	adm	issian) STATE Maryland	3b. COUNTYD 10460T	Tilghman YES N	Whart Rode	1.
TENDING PHYSICIAN: The law requires that the death certificate be executined by the hospital or ottending physicion.  OR. After this certificate has been signed by the ottending physician and compould be detached for use as the burial-transit permit. Then please remove the State Dept. of Health prior to burial, cremation, or removal, and in any events.	14. 1	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
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icote busician (sician pleose pleose l', and ii	160.	WAS DECEASED EVER IN ILS AR	MED FORCES? 16b. SOCIAL SECURITY		Address	
ertificote bi physician pen pleose oval, and ii	a	es, no, or unknown) (If yes give	war or dates of service) unknow n	Lastern Shore	= State Hosp. Cu	mbridge, Md.
cert The p		18. CAUSE OF DEATH (Enter a	nly one cause per line far (a), (b), and (c)	)		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ne deoth cer ottending p permit. The		PART I. DEATH WAS CAUSI	D BY: ATE CAUSE (a)	Uremia		Services distributed and
ne deoth offendii permit. ion, or re		40.3 X	DUE TO, OR AS A CONSEQUENCE OF	0 + 5 1 1	1 1	A
nt the or the or sit po		Canditions, if ony, which gave	)	artemolos	ephrachen a	
Jot 1. The supplemental supplem		rise to immediate cause (o),	(b)		Ja - Caracia	
4: The law requires that the or ottending physicion. The hos been signed by the use os the burial-tronsit salth prior to burial, cremot		stating the underlying cause last.	(c)			
uìre hysi gne uria uria		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
law ndir bee s th ior 1	TION	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PI	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
AN: The law real of or otherding icote hos been for use os the Health prior to	CERTIFICATION			YES NO E	CAUSES OF DEATH?	
or or or us		210. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2, I	tem 18.)
Te de la	MEDICAL	OR CONTRIBUTING CAUSE OF OEA	iner) HOUR A.M. Month Day Yeor	9		
OR ATTENDING PHYSICIA be retained by the hospital OIRECTOR: After this certifica et 3 should be defoched fo et with the State Dept. of H	MED	OLI MUNDY OCCUPATO	. PLACE OF INJURY ( AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R.F.D. No.	. City or Town	County Stote
his his Deg		While Not while at wark	OFFICE BUILDING, ETC.			
N Y THE GET TO THE GET		22a. I certify that (I) (t	nis haspital) attended the deceas	ed fram 12-30 . 191	68, to /-// 19	
d b d b d b e Stee Stee Stee Stee Stee Stee Stee		saw the deceased	alive an /- //	19.69, and that in (my) (aur) ap	inian death accurred an the da	te and hour and fram the
OR Sine			e, (I) we (did)(did nat) view the	bady'after death.		
Teter With With William		22b. SIGNATURE	11 / 1		MED. STAFF	DATE SIGNED 1016
OR be r DIRE	Н	Marsh	all a. Simpson	DEGREE PHYS.	DIRECTOR PHYS.	-11-1700
ITAI noy Po po fi		22d. PHYSICIAN'S NAME (Type)	rshall A. Simps	ion 22e. ADDRESS Baster.	n Shore State	Host: tal
TO HOSPITAL OR ATTENDING PHYSICIAN: The law repose 4 may be retained by the hospital or othending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		110				" Spiles
P. B.	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 v	1	FUNERAL DIRECTOR	ADDRESS	JOHNS ALSONOM	BY REASTRADCO 25b. REGISTRAR'S.	SIGNATURE
VR A15 M	24.	CONSTRUCTION F. 1	OLING LA & TOO	La sha ill only	BY REASTRASS 256. REGISTRAR'S	in judge
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Ursmen a server action of replacement division of October 1911-11-11 Paris Comment Frankall a Longer MD Marshall A. Simpson Bastern Share State Harmilal the first the state of the state

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH death. 24 hours after death unera and (Type or print) Month Yeor 3. SEX 6. AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR MONTHS OAYS 9 COUNTY OF DEATH 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? filled in please remave carban papers WIDOWED DIVORCED [ burial, crematian, or remaval, and in any event, within 72 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most af warking life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c\_CITY OR TOWN 18b. COUNTY NO Z 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Middle Fowler requires that the death certificate be JAMES attending physician permit. Then please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) CHORONIC GETWEEN ONSET AND DEATH ISCHEMIC DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) NOW BY CHOT'C. directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 7 6.7 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) ( AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 6-14, 1968, ta 7-6, 1967, that (2) (we) last saw the deceased alive an 1967, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (4) (we) (did) (did not) view the bady after death. 22c. DATE SIGNEO **ATTENDING** MED. DIRECTOR STAFF DEGREE PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) 23.0 BURIAL CREMATION. (County) 0121 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) DATEAN 9 30M REV. 1/68



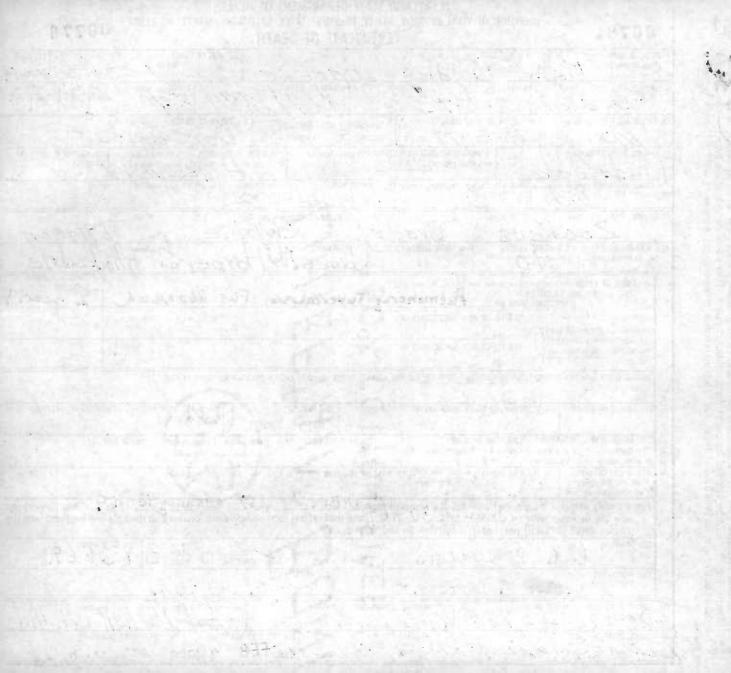
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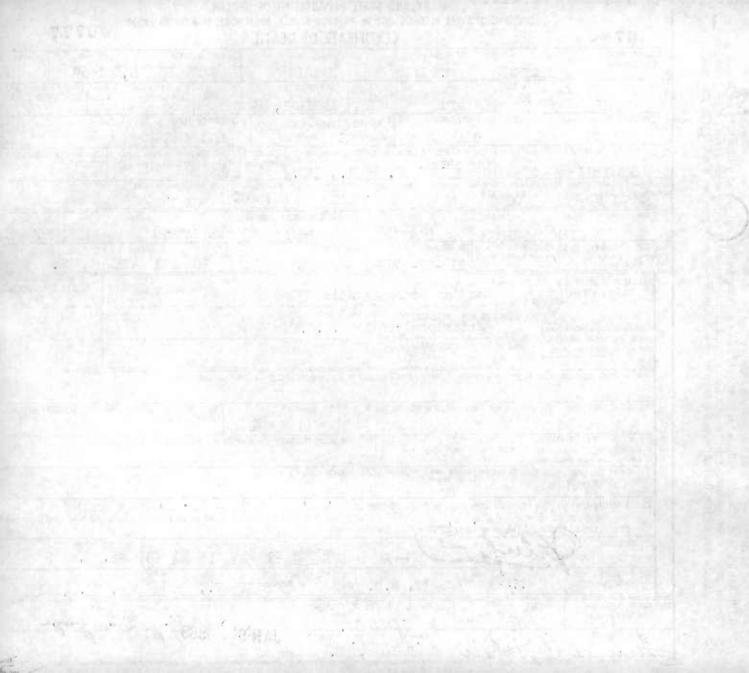
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00774 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR physician and campletely filled in by the funeral ten please remave carbon papers. Pages 1 and 2 aval, and in any event, within 72 haurs after death. be executed within 24 haurs after death (Type or print) January Green Thompson 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX last birthday) HOURS Negroid 10/10/95 Female YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) Dorchester Virginia USA WIDOWED | DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address dge during most of working life, even if retired.) **INDUSTRY** Maryland None Cambridge Laborer 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE and 186. Dorchester YES 😓 NO T 703 Moores Cambridge Ave. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Unknown Nelson Johnson 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address certificons (If yes give wor or dotes of service) 223 Yes, na, or unknown) 16 3189 crematian, ar remaval, Charles Green, 703 Moores Ave. Camb. Md. the attending on 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the death MMEDIATE CAUSE (a) Pachy Meningitis burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove ) rise to immediate cause (a), Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Pneumonia be detached for use as the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from the second saw the deceased alive an Jan. 23, 19 69, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (wa) (did) (did nat) view the bady after death. 22c. DATE SIGNED ATTENDING STAFF Jan. 24, 1969 DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S in Fassett, M. D. NAME (Type) High Street, Cambridge, Maryland directar, shauld be 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial Cambridge. Md. Dorchester Bethel Easpusn, Maryland 250. REC'D BY REGISTRAR ne 426 Dover St. DATE AN 27 2Sb. 24. FUNERAL DIRECTOR B Dashiell Home 426 Dover St. DAIL AN

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	1	MARYLAND STATE DEPARTMENT OF HEALTH
		00781 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
# 2 d		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH Day Year / 2b. HOUR
9		Dose Taradley Marker 30 698:30
	3. \$	Female White 9/7/1884 (BOTT BUTHOUS) YRS. MONTHS DAYS HOURS MIN
	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Md.
Õ	10.	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired.)  12a. USUAL OCCUPATION (Kind of wark dane during most of warking life, even if retired.)  12b. KIND OF BUSINESS OR during most of warking life, even if retired.)
9	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY )
1	14.	FATHER'S NAME First Middle Last   Is. MOTHER'S MAIDEN NAME First Middle Last
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yos gone well or detes of service)  Address  A
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)
		rise to immediate cause (a), (b) Stating the underlying cause (c)  (c)  (b)  DUE TO, OR AS A CONSEQUENCE OF (c)
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
(	CERTIFICATION	19a. Date of Operation   19b. Condition for which operation was performed   20a. Autopsy?   20b. If yes, were findings considered in certifying causes of death?
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   P.M.   19
	ME	21d. INJURY OCCURRED While Not while at work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. No. (ity or Town County State
		22a. I certify that (I) (this haspital) attended the deceased from October 1, 1967, to a mineral 30, 1969, that (I) (we) last saw the deceased alive an increased from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
1		22b. SIGNATURE LICES OF NAMED.  DEGREE PHYS.  DEGREE PHYS.
		22d. PHYSICIAN'S NAME (Type) Carlos F. Barroso, MD 22e. ADDRESS Hurlock, Maryland.
	1	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) 2/2/69 (Int.) WAShington About Hurlack Don Ma
MAN	24!	FUNERAL DIRECTOR 250, REGISTRAR 256. REGISTRAR'S SIGNATURE 250. REGISTRAR'S





	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00778
	CERTIFICATE OF DEATH
ath.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Question 2 Doy (Green 2007)
uneral Lond	HOUSTH HOUGHSKI HELIOELO I 13 67 FORM
£ 549	3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS.   IF UNDER 24 HRS.
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24 hours after death.  ed in by the Tuneral ppers. Pages on 2	country)
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within 2 within 2 within	CAMBRIDGE  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  CAMBRIDGE  12b. KIND OF BUSINESS OR during most of working life, even if retired.)  CAMBRIDGE  12b. KIND OF BUSINESS OR INDUSTRY
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cion on completely filled in leose remove forban popers. and in any event, within 72 h	odmission) STATE M.D. Jb. COUNTY CAROLINE Templeville YES NO D
on remo	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
physicion on physicion on please rer	Michael Dombrowski Maria Rogalski
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT. Address
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offending permit. The jon, or remo	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:
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ICIAN: The low repital or attending pital or attending rtificote hos been of for use as the of Health prior to	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIPY 21c. HOW INITIPY OF CHIPPED. (Enter poture of initing in Port 2 or Port 2 from 18)
The atternos se as the pr	= 12-13-68 CHOLECKSTITIS YES NO CAUSES OF DEATH?
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CIA Dital Dital Diffic Of H	OR CONTRIBUTING CAUSE OF OLATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19
G PHYSICIAN: the hospital or r this certificate detached for u te Dept. of Heal	
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by by ffer be Stat	22a. I certify that (I) (this haspital) attended the deceased from 2-23-, 1963, ta 1-13-, 1969, that (I) (we) last saw the deceased alive on 1969, and thot in (my) (aur) apinion death occurred on the date and hour and from the
R: A uld the	saw the deceased alive on 1907, and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.
CTO Sho	226 SIGNATURE 220 DATE SIGNED
OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or attending physicion.  DIRECTOR: After this certificate hos been signed by ge 3 should be detached for use as the buriol-troiled with the State Dept. of Health prior to buriol, cre	DEGREE PHYS. DIRECTOR
ral noy AL C page e fille	22d PHYSICIAN'S NAME (Type) TANDO DESTA M.D. 22e. ADDRESS TOUR (LOOK HOSE) COMBDINGT. M.D.
TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hos TO FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept.	LOUISING THE PROPERTY OF THE PROPERTY POR
Ho direction	230. BURIAL (REMATION, EMONTAL (REMATION)  23b. Date Greensboro  23c. NAME OF CEMETERY OR CREMATORY Greensboro, Maryland  (County) (Stote) Greensboro, Maryland
5-5-6	24. FUNERAL DIRECTOR 250. RECT BY REGISTRAR 25b. RE
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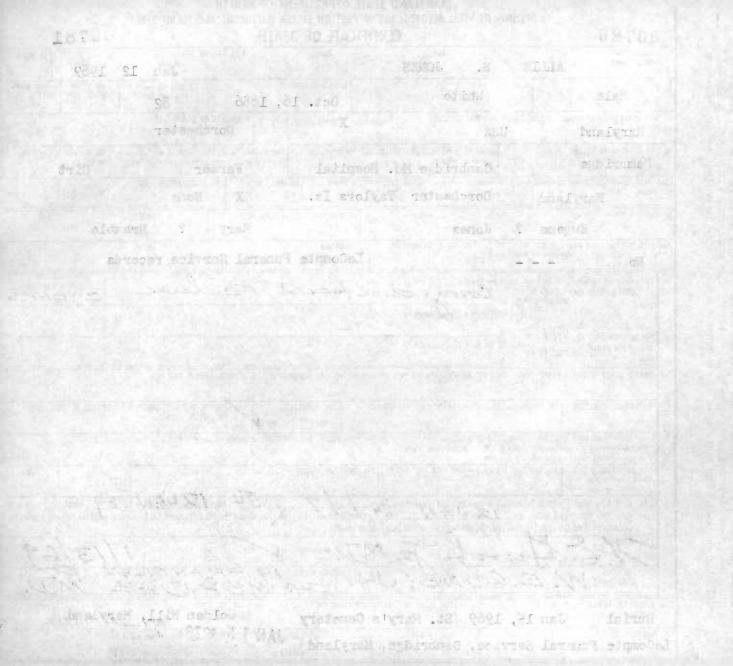
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	180
HEALTH DEPT∞ ♀ ♀ ㅎ	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Manth Doy OF ESTI- DEATH MATED January	7 1969 2 A
ny deloy is 2, and 3 to PM3. Page	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	/ear 19 69 A
	70. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   COUNTY OF DEATH   Dorchester	N
offer death 38. Give Poges 1, along with farm with the Stafe Deleoth.		IND OF BUSINESS OR
	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) 414151 and 13b 09415 hester Cambridge YES NO 807 Washington St	treet
24 hours in Item 18 r's Office ss lond 2 rs offer d	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Hennie (maiden name	lost
within 24 pencil in xaminer's ile poges 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 219-05-8805 Alice V. Nuton, Cambridge, Marylan	ıd
xecuted iding" in Medical E permit. F	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) Starvation and dehydration  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if ony, which gove )	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
This certificate should be e cote, writing the word "per be forworded to the Chief I be used as o buriol-transit or removol, and in ony even	rise to immediate couse (o), Stating the underlying couse (o) DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate is ficote, writing the be forworded to do be used as o b or removol, and	WAS PERFORMED?	20. AUTOPSY?  YES NO NO
NNER: This ne certificate, should be for files.  3 should be to files.	PRIMARY OR CONTRIBUTING P.M. 19	)
	21d. INJURY OCCURRED  WHILE NOT WHILE NOT WHILE AT WORK 210 AT WOR	onty State
no DEPUTY DICAL EXAM necessary, please execute the the funerol director. Page 4 5 may be retained for your FUNERAL DIRECTOR: Page Health prior to burial, crem	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .  ACTUAL SIGNATURE    BEXAMINER'S   NAME (Type) John Mace Jr's M.D. ADDRESS(Street, city, town, or county) Cambridge	69
To the state of th	23d. BURIAL (REMATION, REMOVAL Specify at Jan. 11, 1969 Johns Cemetery Near Preston, Ma	ity) (Stote)
VR A15ME TS	Framptom funeral Home, Federalsburg, Maryland DATE DATE DATE DATE DATE DATE DATE DATE	Judge

AND THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00786 CERTIFICATE OF DEATH 00781 1. DECEASED-NAME First Middle Lost 2a. OATE OF OEATH 2b. HOUR (Type or print) ALLIE JONES Month Jan S. 1969 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Male White last bisthday) DAYS Oct. 16, 1886 haurs 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)Maryland .= USA Dorchester and in any event, within 72 WIDOWED [ DIVORCED [ filled pap 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR cambridge and campletely fi remave carban during most of working life, even if retired.) Cambridge Dirt Md. Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUN Dorchester Taylors Is. YES NO X None 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First and First Middle Last Middle Last Mary TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Eugene Bramble Jones attending physician permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) LeCompte Funeral Service records burial, crematian, or remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH The Heart Failure PART 1. DEATH WAS CAUSED BY: permit. EARS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditions, if any, which gove ) rise to immediate couse (o), ar attending physician. stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) far use as the l Health priar ta b TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) be retained by the haspital HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Ooy Yeor detached f te Dept. af I P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 12 4 1957, or \_\_\_\_1967, and that in (my) (our) opinion death occurred on the date and hour and fram the directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after deoth. 22c. DATE SIGNED DIRECTOR PHYS 22d. PHYSICIAN'S 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BMOVA (Specify) Golden Jan 15, 1969 St. Mary's Cemetery 2Sb. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00787 CERTIFICATE OF DEATH Sages | and 2 irs offer death. 1. DECEASED-NAME First Lost 2g. DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) JOHN WESTEY JONES 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS last birthday) HOURS MALE NEGROID SEPT. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)
MARYLAND DIVORCED [ WIDOWED TO DORCHESTER within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within please remave carban during mast of working life, even if retired.) **INDUSTRY** CAMBRIDGE the attending physician and campletely sit permit. Then please remave carba event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES K NO CAMBRIDGE 803 HUBBARD STREET and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Lost Middle Last UNKNOWN MINNER JONES 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, po\_or unknown) (If yes give war or dates of service) ar remayal, 218-12-131/ RFD 1 CAMBRIGE. JOSEPHINE FARRARE 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. Cardiac Decompensation IMMEDIATE CAUSE (a) ian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) Uremia burial, cremat rise ta immediate cause (a). **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO. OR AS A CONSEQUENCE OF stating the underlying couse A:teriosclerotic cardiovascular renal disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to t use as the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING this certificate has CAUSES OF DEATH? YES NO DO of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased from December 10 68, to Jan. 6, 1969, that (1) (we) last sow the deceased olive on Jan. 6. \_\_19\_\_60 and that in (my) (our) opinion death accurred on the date and hour and from the director, page 3 shaula shauld be filed with the couses stated obove, (I) (we) (did) (did net) view the bady after death. 22b. SIGNATURE Jan. 11, 1969 DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S EDWIN FASSETT. M.D. ST., CAMBRIDGE, MARYLAND 21613 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) BETHEIL CAMBRIDGE DOR. MD. 24. FUNERAL DIRECTOR CAAQOREST DGE, MD. 2Sa. REC'D BY REGISTRAR ST. CLAIR F. HOME

	00788		NOIVISION OF				ENT OF HE		RYLAND 21201		
	00100	)			CERTIFIC	CATE OF	DEATH			007	83
	ASED-NAME e ar print)	First	Co	Middle Middle	Kun	Last IDE	100	2a. DATE OF <b>01</b>		Doy 69 Year	26. HOUR
3. SEX			4. RACE			S. DATE OF BIL			6. AGE (In years	IF UNDER 1 YEAR	
FEM.	AL E		WHITE		9-6	01/25	5/30/8	89	lost birthday)	S. MUNITES DATE	HUUKS MIN
	THPLACE (Stote or RYLAND	foreign 7	U.S.A.		8. MARRIED WIDOWED	NEVER MARI	RIED 9.	DOR C	DEATH		M
C,	OR TOWN OF DE		EAS	ME OF HOSPITAL OR I	RE STAT	not in hospital TE HOSP.		OCCUPATION	(Kind of work don life, even if retired FE		OF BUSINESS OR
13o. USI odmissic	UAL RESIDENCE (W	here deceased	lived, if instituted by COUNTY IALBO	an: Residence befare	OXFO		13d. INSIDE CITY LIMITS YES NO	_	REET AND NUMBER Box 52		
14. FATI		First	Middle	Last			UDEN NAME First	1 7 7 7 2	Middle		Last
		они		OTTINGHA		IDA				CORK	RAN
160. W	AS DECEASED EVER no or unknown) N O	(If yes give war	or dotes of senuce)	16b. SOCIAL SECURITY		INFORMANT	FACTEON	CHOR	Address	1000 1 = 1	
				NOT LIST		COKD2-	EASTERN	SHUR	E STATE H		OXIMATE INTERVAL
18	PART 1. DEATH	TH (Enter anly WAS CAUSED 8	ane cause per line	e far (a), (b), and (a	t).)		0	0.			ONSET AND DEATH
	11123	IMMEDIATE	CAUSE (a)	Yuku	10016	~ 4	en x	0/12	m		
(0	onditions, if any,	which cause		A CONSEQUENCE O	F D	0 D:	0		0		
ris	se to immediate	cause (a),	(0)	Myca	- 1000	22 0	jen	~ 10 C	XV21	5	
sto	ating the underly	ying cause	DUE TO, OR AS	A CONSEQUENCE O	F	1	0				
		NIEICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT	NOT DELATED T	O THE TERMINAL	DISTASS OR COM	IDITION CIVE	U INI DADT 1/-)		
1 "	AKI Z. UINEK SIQI	MIFICANI CONDI	LIONS CONTRIBUT	ING TO DEATH BUT	NOT KELATED T	U IME JEKMINAL	DISTASE ORCON	IDITION GIVE	N IN PAKT I(d)		
NO 190	a. DATE OF OPERAT	TION 19b. CO	NDITION FOR WHI	CH OPERATION WAS F	PERFORMED	20a. AUTOR	PSY?	20b. IF	YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
CERTIFICATION 1361						YES Y			OF DEATH?	2	
	a. ACCIDENT WAS		21b. TIME OF	INJURY	21c. H	1	_	oture of iniu	ry in Port 1 or Port	2, Item 18.)	
₹ 🗆	OR CONTRIBUTING E	CAUSE OF DEATH	HOUR A.M.	Month Day Yea	r					,	
W	1d. INJURY OCCUR /hile Not while wark at work	RED 21e. PL		AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	19 ACTORY.) 21f. LO	OCATION Street	t or R.F.D. No.	City	or Town	County	Stote
			hospital) atte	nded the decea	sed fram_			, ta		9, the	at (I) (we) la
	saw the d	eceased aliv	e an		.19an	d that in (my			occurred on the	date and hav	r and fram th
		ted abave, (	(I) (we) (did) (	did nat) view the	body after	death.	-01	00	D		
	b. SIGNATURE	n W.	Riee	had	DEG	11113.	DIRE	CTOR 🗆	STAFF 22 PHYS.   22	c. DATE SIGNED	-69
	d. PHYSICIAN'S NAME (Type)	// 100	s. R:	iecke	rt	22e. ADDI	5-N	eus	Karl	Kest	
158	URIAL, CREMATION, EMOYAL (Specify)	23b. DA	7/1969	OXEO		CREMATORY	1	OXF	ON (City or Town)	(County)	(Stote)
24 51	NERAL DIRECTOR	18-	news	and to	Im E	astori	250 REC'D BY F	egistrar 19	69 25b. REPISTRA	R.S. SHENATURE of	ye -

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MARYLAND STATE DEPARTMENT OF HEALTH

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		18780	DIVISION O	F VIIAL RECORDS,	CERTIFICA	STON STREET, BAL TE OF DEATH	IIMUKE, MA	RYLAND 21201	00785	
		1	irst ESTER	Middle BURTON	MAT	Lost THEWS	2a. DATE OF	DEATH and othy	PY 1 <b>9</b> 89	2b. HOUR
	3. SE	Male	4. RACE	Negro	S	DATE OF BIRTH December 2	4, 1968	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	coun	IRTHPLACE (State or foreign try) Maryland		ISA	WIDOWED	NEVER MARRIED A DIVORCED	9. COUNTY OF	Dorcheste	er	Md.
3	C	TY OR TOWN OF DEATH	giv		Marylan	Hospi dui19	JAL OCCUPATION most of working	(Kind of work done life even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
1	13o. admi:	USUAL RESIDENCE (Where dec ssion) STATE Maryland	eased lived, if instit	ution: Residence befare chester	13c. CITY OR TO			F.D. #2		
	14. F	ATHER'S NAME First Lester	Middle B.	lost Wiggins		NOTHER'S MAIDEN NAME Ruth	First	Middle Matthew	vs.	Last
		WAS DECEASED EVER IN U.S. es, no, or unknown) (If yes 9	ARMED FORCES? ive war or dates of service)	None		DRMANT th Matthews	, Hurlo	Address ck, Maryla		
		18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAI IMM  77  Canditions, if ony, which go rise to immediate couse (a stating the underlying caulast.  PART 2. OTHER SIGNIFICANT	DUE TO, OR  (b)  DUE TO, OR  (c)  (c)	AS A CONSEQUENCE OF					BETWEEN O	AATE INTERVAL NSET AND DEATH
K	CERTIFICATION			VHICH OPERATION WAS PI	RFORMED	20a. AUTOPSY? YES NO	CALICES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
	MEDICAL CEI	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical ex-	DEATH HOUR A.M	. Manth Day Year		INJURY OCCURRED (Ent	ter nature af inju	ry in Part 1 or Part 2,	Item 18.)	
		21d. INJURY OCCURRED While Nat while at wark  22a. I certify that (I)	(this haspital) a	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. Itended the deceas	ed from DC	TION Street ar R.F.D. No. 1900 hat in (my) (aur) apath.	2	ar Tawn  Nu⇔ry }, paccurred an the d	Caunty 9.69 , that ate and haur	State (I) (we) las and fram the
	P.	22b. SIGNATURE	ts f	Dans	D DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.   222c	ATLICTY	3-1968
/		22d. PHYSICIAN'S NAME (Type)			MD	22e. ADDRESS HUNIO		orches 1	2	11.
		REMOVAL (Specify)	3b. DATE an. 2, 1969	Thomps		Cemetery	Near	ON (City or Town) East New 1	(County) Market,	(State) Md.
0	24. Fr	FUNERAL DIRECTOR Amptom Funera	ye Trains	Cour/CADDRESS	e. Marv	land 2So. REC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	nege

MAKTLAND STATE DEPARTMENT OF HEALTH

				MARYLA	ND STATE DEPARTM	ENT OF HEAL	.TH	0.00
1		00791	DIVISION OF	F VITAL RECORDS	CERTIFICATE OF	REET, BALTIMOI	RE, MARYLAND 21201	00786
	1 0	ECEASED-NAME First		Middle				
er deoin.		Type ar print)			Lost		. DATE OF DEATH  Manth Day	Year 2b. HOUR
	3. S	Harr		Askins	Mc Cart		Jan. 25	, 1969 M
	3. 5	ŁX	4. RACE		S. DATE OF BIR		6. AGE (In years last birthday) 86 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN
		Female		Negro		24, 1882	86" YRS.	
	/o.	BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED NEVER MARI	KILU	UNTY OF DEATH	
		Maryland		SA		CED 🔲	Dorchester	Md.
	10.	CITY OR TOWN OF DEATH	11. N	NAME OF HOSPITAL OR IN street address)	ISTITUTION (If nat in hospital		CUPATION (Kind of work dane warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	1	Hiliamsburg USUAL RESIDENCE (Where deceos	S	t. Marys F	Rest Home	Lab	orer	Laborer
	13a.	USUAL RESIDENCE (Where deceos	ed lived, if institu	itian: Residence before		13d INSIDE CITY (IMITS?	13e. STREET AND NUMBER	
	_	ission) STATE ambridge	Too coom D	orchester	Cambridge	YES NO X	RFD 2	
	14.	FATHER'S NAME First	Middle	Last	1S. MOTHER'S MA	IDEN NAME First	Middle	Lost
		George . WAS DECEASED EVER IN U.S. ARA		Askir		Emily		Cannon
	160	. WAS DECEASED EVER IN U.S. ARA	AED FORCES? ar or dates of service)	16b. SOCIAL SECURITY			Address	
		(es, no, ar unknown) (If yes give w		220-09-12	299 Goldie A	A. Wilson	Grasonville,	Maryland
		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y ane cause per l	ine far (a), (b), and (c)	.)			APPROXIMATE INTERVAL BETWEEN, ONSET AND DEATH
		PART I. DEATH WAS CAUSED	TE CAUSE (a)	cute Pul	monary Raem	ed Pron	icho Posumoni	10¢.ya
		4123	DUE TO, OR	AS A CONSEQUENCE OF				
		Conditions, if any, which gave)	(b) A	Arte insc	derotic Hes	rtDisac	se	10 yra
		rise ta immediate cause (a), stating the underlying cause		AS A CONSEQUENCE OF				
		last.	(c) .	ultiple	CerebralVas	culor A	Rocident over	ryrs 10yrs
		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIB	UTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
	2	Chronie Bre	in Synd	rome				
ž	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WI	HICH OPERATION WAS PI	ERFORMED 20a. AUTOF	PSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	E				YES	NO DE	CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME C		21c. HOW INJURY OCCU	URRED (Enter natur	re of injury in Part 1 ar Part 2, I	tem 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. ner) P.M.		9			
	ME	214 INITIDY OCCUPPED 214	PLACE OF INJURY		CTORY,) 21f. LOCATION Street	t or R.F.D. No.	City or Town	County State
		at wark at wark			1 - 100		11-10-	
		22a. I certify that (1) (the sow the deceased of	s haspital) att	ended the deceas	ed from 1/10/65		ta 1775/09, 19	, that (I) (wet) last
		sow the deceased of	ive on	709	19, ond that in (my	/) (ðūr) opinion	deoth occurred on the da	re ond hour ond from the
		causes stated abave	(i) (we) told)	raid nat) New the	body after death.		1	
		22b. SIGNATURE	IA	17)	DEGREE PHYS.	G MED.	OR STAFF   22c, C	DATE SIGNED
	18	224 DHACICIANIC		Kluman		2505	- FIII3	- 7 / 0 /
		22d. PHYSICIAN'S NAME (Type)	VB.Plu	immer	22e. ADDR	eston !	Iaryland	
	22.	DUDIAL CDEMATION   001 C	ATE	199, MARIE OF	CONTROL OF COUNTY			
	230.	BURIAL, (REMATION, REMOVAL (Specify)			CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (State)
	24	Burial 11	28/1969	ADDRESS	town Cemetery	25a. RECD BY REG	Dorchester Cour	SIGNATURE
	1	Theliah A	40.		bridge, Md.	JAN 3 1	1969 Milane	by Judge ;
į	1	Marie C.	may	J Vall	in Tage , Im	DAR" U	.500	0 0 1

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	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
. 8 .	1 D	CERTIFICATE OF DEATH
death and death	(1	ype ar print) Robert 1. McClure Mapth 18 69 950 M
the function is affected by the formula of the form	3. SE	Male  4. RACE White S. DATE OF BIRTH 9-16-88 6. AGE (In yeors lost birthday) NONTHS DAYS HOURS MIN
in 24 haurs filled in by † papers. Pai	COUL	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? U.S. A. WIDOWED DE DIVORCED 9. COUNTY OF DEATH DIVORCED MIDOWED DIVORCED MID MEDICAL MACKET.
	10.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  Am bridge   12b. KIND OF BUSINESS OR during most of working life, even if retired.)  Astern SHORE State Hospitals (Science of the line)
camptele with	13o. odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before ssion) STATE Mary Land 186. COUNTY Wicam CO Del Mar YES NO TOWN
be exercing and any	14.	George E. McClure Is. MOTHER'S MAIDEN NAME First Middle Stribling
ertificate be exc physician and nen please rem naval, and in any	Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of service) 184-09-1541 Frank McClure Rth Delmar Matyland
eath c ending nit. Th		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF
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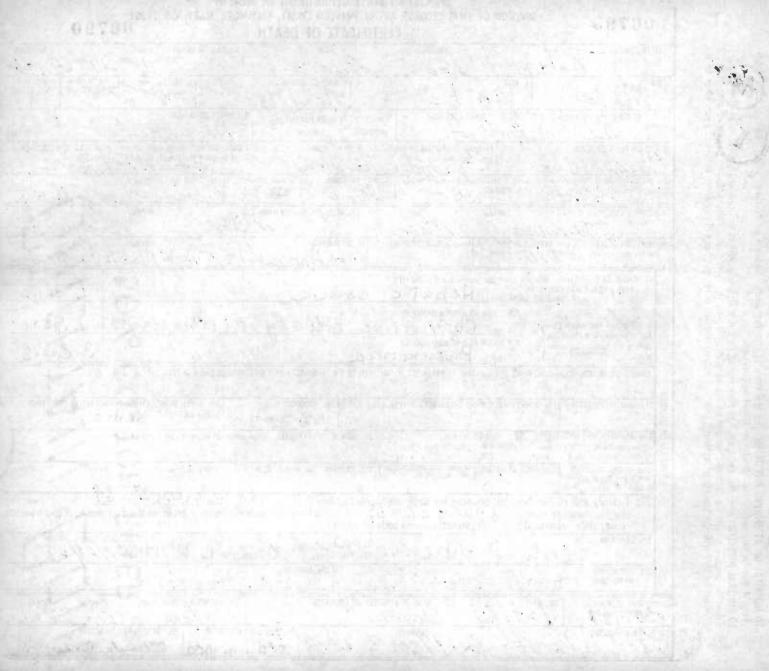
n -	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
SERVICE NO.	00793 CERTIFICATE OF DEATH
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SIC spirt sp	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, notify medical examiner) P.M. 19  21d INUIRY OF CURRED 121e PLACE OF INUIRY (ATHOME FARM STREET FACTORY) 21f INCATION Street or R.F.D. No. (it or Town) County State of R.F.D. No
	While Not while of work at work of work
by the free per control of the contr	220. I certify that (1) (this hospital) attended the deceased from 18 Nov., 1968, to 10 Jan, 1969, that (1) (we) lost saw the deceased alive on 1969, and that in (my) (our) opinion death occurred on the date and hour and from the
OR ATTENDING be retained by the SIRECTOR: After it as 3 shauld be de ed with the State	saw the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
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ro Hospital Ol Page 4 may be ro Funeral Dir director, page shauld be filed	THANALL SIMPSON MILL LASTERY STORE STATE TO SALLE
HC Jge FUI Fu	230. BURIAL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 b	Burial (Specify) Jan 14, 1969 Asbury Cemetery Crisfield, Somerset, Md.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00789 30794 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 haurs after death fages 1 and 2 hours after death. funeral LEVIN (Type or print) **JAMES** MILLS Janh. 1969 109y 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years Male White last birthday) Nov. 25, 1878 HOURS 20 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)Maryland USA Dorchester WIDOWED X DIVORCED filled . ng physician and cumprerery may then please remave carban par eraceval, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within during most of working life, even if retired.)
waterman-Farmer INDUSTRY Food Cambridge campletely Cambridge Md. Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? executed odmission) STATMaryland 13b. COUNTY Dorchester Cambridge NO X Stone Boundary Road 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost pup Rebecca Richard Mills Adams The law requires that the death certificate be 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, ng, or unknown) (If yes give war ar dates of service) LeCompte Funeral Service records APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: attendi P IMMEDIATE CAUSE (o) burial-transit perr burial, crematian, DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gove ? rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN TARK AND be detoched far use as the State Dept. af Health priar ta has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ TO FUNERAL DIRECTOR: After this certificate OR ATTENDING PHYSICIAN: 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Tawn State While Not while County ot work 220. I certify that (I) (this hospital) attended the deceased from sow the deceased olive on\_ and that in (my) (our) apinion death occurred on the date and hour and from the be retained director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S dwrpuce 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23o. BURIAL, CREMATION, (City or Town) (County) Ebenezer Churchyard Crapo, Dor. Co., Maryland BWOYN (Specify) Jan 13 1969 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland MAL Charles Vudge

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L EX ecute Page ar y R:Pa	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection ,	and in my apinian		
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70 P. 09 P.	1	SEMOVAL (Specify) 1-10-69 Unionville Cem. Pocomoke) Mr. T.	nde)
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00793 CERTIFICATE OF DEATH 00798 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ambrid ge MARYLAND C. LENCTH OF STAY IN 1b Rural-Cambridge d. STREET ADDRESS RFD 3, Neck District Middle DATE Month Lee DEATH JONUCLY 19 6. COLOR OR RACE Dedde N DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) Months White Davs Hours Dec. 31. WIDOWED K DIVORCED [ 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Elijah Marshall Sally Thomas

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? NO 3. NAME DE Year DECEASED 69 (Type or print) SEX ACE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS Female 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
HOME HOUSE WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) LeCompte Funeral Service records No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic heart disease PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO 72665 Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI YES NO 7 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m. While Not While at work at work toJanuary 21. I certify that (I) (this hospital) attended the deceased from 1967 saw the deceased alive on Juny kry 1967 and that death occurred at 2 A.M. from the causes and on the date stated above. 22a. SICNATURE ATTENDING DIRECTOR PHYS. M D 22d. ADDRESS RLOS F. BARAUSO Hurball Dorehester BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) Jan 15 1969 RFD 3. Cambridge. Maryland Spedden-Seward Cemetery 25b RECISTRAR'S SIGNATURE

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ADDRESS

LeCompte Funeral Service, Cambridge, Maryland

within , pou event, compl remove cer offed any Ξ an death certificate be ding ph Then p transit permit. that the à attending physician. signed burial-t burial, The law requires been the r has as for use Health certificate the hospital or PHYSICIAN: of detached After tild be de e State I ATTENDING DIRECTOR: age 3 should led with the page director, pag should be fill O HOSPITAL VR A15 (4)

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24. FUNERAL DIRECTOR

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ASSISTANT MEDICAL EXAMINER SIGNATURE /31/69 DEPUTY MEDICAL EXAMINER X EXAMINER'S John Mace Jr. NAME Type ADDRESS(Street, city, tawn, or county) Cambridge. Md. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) BUTTAL (Specify) Feb 1, 1969 Dorchester Memorial Park Cambridge, Maryland 24 FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryhand 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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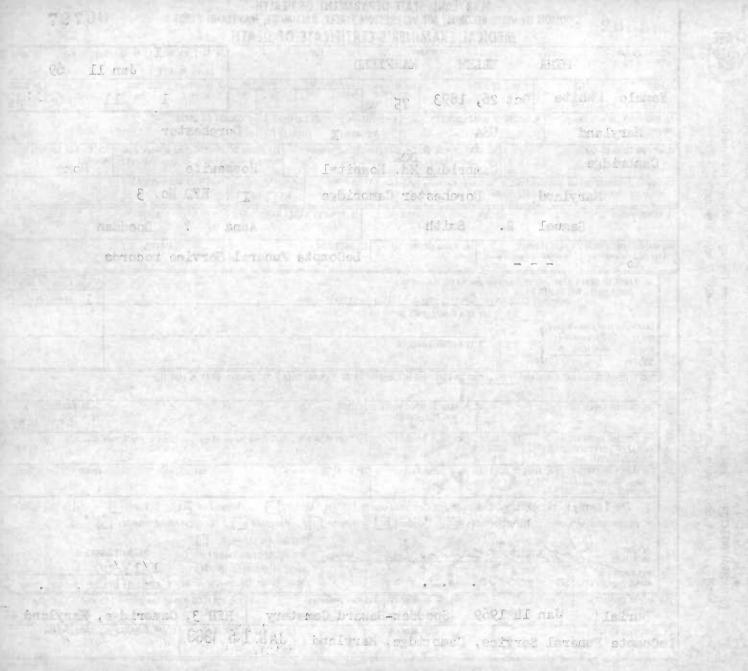
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	ECEASED-NAME Type or Print)	MIN		LLEN	Middle WAR	FIEI		Last			2a. DATE N OF DEATH	ESTI-		n Doy	Year 1 <b>6</b> 9	2b. HOUR
	emale	4. RACE White		6, 189	3 75		MONTHS	R 1 YEAR DAYS	IF UNDER HOURS	MIN.	2c. DATE PR Month	1	D DEAD	11 Y	ear <sub>19</sub> 69	2d. HOUR
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	Cambrid		11 8	. NAME OF HOVE street addr	ospital or in less) DOA lge Md.	Hos	(If not in	hospital	12a. U during	Hous	CUPATION (I working lif ewile	(ind of w e, even if	ork dane retired.)	12b. K	IND OF BUS TRY Home	INESS OR
13o. o	USUAL RESIDEN dmissian) STATE	(E (Where dece Marylar	ased lived, if in:	stitutian: Resi	dence before	13c. CITY	OR TOWN	13d	YES N	LIMITS?	13e. STREET RFD	No.				
14. F	ATHER'S NAME	First Samue		ddle Smi	th Lost		15. MOTH	IER'S MAID		First Anna	. ?		iddle Sped	lden	Lost	
	WAS DECEASED EV		FORCES?		AL SECURITY NO	0. 1	LeCo	mpte	Fune	ral	Servi	ADDRE	ecor	ds		
	PART 1. C  43 Canditians, if a rise ta immed	FATH WAS CALLS	DUE TO,	Cere		hem	orrh	185e						8	APPROXIMATE BETWEEN ONSET    hol	AND DEATH
	PART 2. OTHER	SIGNIFICANT CON	IDITIONS CONTRI	BUTING TO DE	ATH BUT NOT	RELATED	TO THE TER	RMINAL DI	SEASE OR (	CONDITIO	N GIVEN IN	PART 1(a)				
CERTIFICATION	19a. DATE OF C	PERATION			DITION FOR W PERFORMED?	HICH OPE	RATION						100		20. AUTOPSY	/? NO [₹]
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ME	21d. INJURY OC		. PLACE OF INJUR factary, affice bui		farm, street,	2	P. T. LOCATIO	ON Street o	or R.F.D. Na.		City ar	Tawn		Сои	nty	State
		sulted fram:	Natural of Mace J	auses 🗶 ,	Accident		Suicide	CHIE A.D. ASSI	Hamicid F MEDICAL STANT MED JTY MEDICA	de, EXAMINE ICAL EXAMINAL EXAMINAL	R	rmined	22b. <b>DA</b>	TE SIGNED		y apinian
23a	BURIAL, CREMA REMOVAL (Spec		n 14 19		3c. NAME OF Copedder				tery		LOCATION (	,	,	(Caunt	y) (S Maryl	tote) and
24. Le	FUNERAL DIRECT	<sup>OR</sup> Funeral	Servic	e, Can	ADDRE ADDRE	ss Ma	aryla	nd	259 ARECHE	1 85°	1511969	25b/8	FGIELDAR	ENGHA	Megle	•

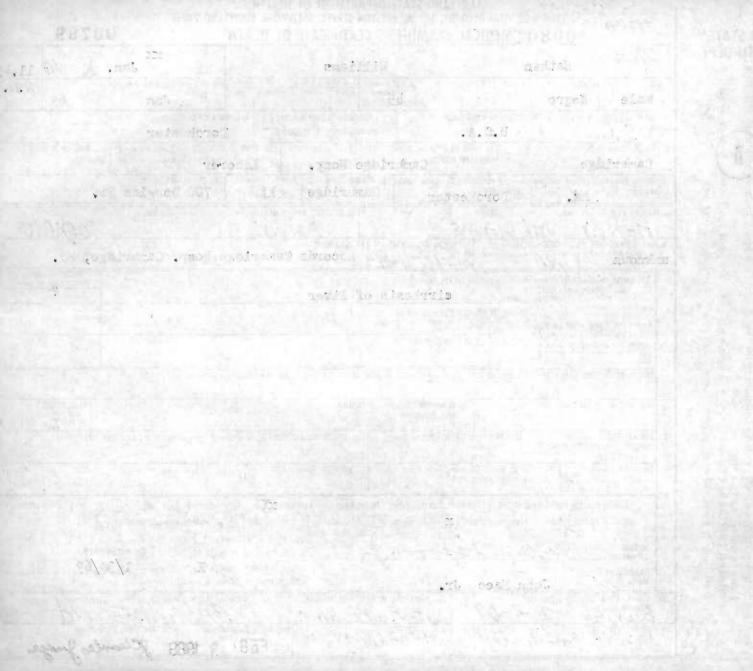
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HEALTH DEPT.		ECEASED-NAME	First		Middle	THOUGH C	Lost			2o. DATE I	KNOWN	Month	Doy	rear l	2ь. НОЙ
is ta	(1	Type or Print)	Naths	n		Willia	ms			OF DEATH	MATED	Jan.	28	1969	11.
any deloy is 2, and 3 to PM3. Poge	3. SE	X Male	4. RACE Negro	S. DATE OF BIRTH	6. AGE	(in years IF rthday) MON YRS.	UNDER 1 YEAR THS DAYS	IF UNDER 24 I	HRS. MIN.		Jan		Year 1	,69	2da HQM
1, 2, a m PM		BIRTHPLACE (Stote	or foreign 7	. CITIZEN OF WHAT COUN	TRY? 8	MARRIED	NEVER MA	RRIED 9	. COUN	TY OF DE	ATH				
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hour Item Office Iond 2	14. F.	ATHER'S NAME	First W	LLIAMS	Lost	15.	MOTHER'S MAI	DEN NAME	First		Midd	dle	Mo	lost	15'
within pencil caminel le page 72 hou		WAS DECEASED EVI of no of unknow ik nown	R IN U.S. ARMED FO	ORCES? 16b. 500 ar or dates of service) 2/5	JAL SECURITY NO	17. INF	cords	Cambri	ldge	Hos	ADDRESS O. Can	nbrid	lge, 1	Id.	
		18. CAUSE OF PART I. D	DEATH (Enter only EATH WAS CAUSED IMMEDIAT	one couse per line for (c BY: E CAUSE (o)	), (b), ond (c).) irrhosi	s of l	iver			4				ROXIMATE IN EN ONSET A	
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ote g th ed to s a k		PART 2. OTHER S	IGNIFICANT CONDIT	IONS CONTRIBUTING TO D	EATH BUT NOT F	ELATED TO TH	IE TERMINAL D	ISEASE OR COM	NDITION	GIVEN IN	PART I(o)				
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ifica ifica a be	MEDICAL CER	21o. EXTERNAL C PRIMARY OR CAUSE OF DEATH	CONTRIBUTING	21b. TIME OF INJURY A HOUR A.M. P.M.	Nonth, Doy, Year	21c. HO	OW INJURY OC	CURRED (Enter	r nature	of injury i	in Port 1 or	Port 2, Ite			
CAL EXAMINER: execute the certion. for. Poge 4 should defor your files. CTOR: Poge 3 shou burial, cremotion,	MED	21d. INJURY OCC	URRED 21e. Pl	ACE OF INJURY (At home, ory, office building, etc.)	farm, street,	21f. LO	CATION Street	or R.F.D. No.		City or	r Town		County		Stote
DEPUTY OICAL EXCESSORY, please execute funeral director. Page may be retoined for YEUNERAL DIRECTOR: Polth prior to burial,	8	22a. l e	certify that I to	Natural causes   hn Mace Jr	Accident		cide, CHIIM.D. ASS		AL EXAM	Undete	ermined m	22b. <b>DATE</b> :		in my	opinio
TO D nece the 5 m TO FL		BURIAL, CREMAT REMOVAL (Special FUNERAL DIRECTO	10N, 23b. 1		NAME OF C	u Bu	REMATORY	25o. REC'D B	1:	BAL	City or Town 2Sb. REG	ORE	(County)	d (Sta	ite)
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				CER	TIFICATE OF DEATH		00800	
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fur fur fer fer	3. S	EX	4. RACE		S. DATE OF BIRTH	6. AGE (In	yeors IF UNDER I YEAR	IF UNDER 24 HRS.
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e death certificate be executed within 24 haurs after death.  attending physician and campletely filled in by the funeral permit. Then please remave carban papers. Pages I and 2 on, ar remaval, and in any event, within 72 hours after death.	10.	ITY OR TOWN OF DEATH	// \11. NAM	E OF HOSPITAL OR INSTITUT		SUAL OCCUPATION (Kind of we	ork done 12b. KIND OF E	BUSINESS OR
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equires that the death certificate be executed valued by signed by the attending physician and camplete burial-transit permit. Then please remave carburial, cremation, ar remaval, and in any event,		No		vot listed	FASKEN ShuRe	27ATE Nosp.	Med. Record	5/
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X as brid	CERTIFICATION	17d. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFOR		CALICEC OF DEATHS	INDINGS CONSIDERED IN CE	RIIFYING
The property of a property of the property of	ERTI	21a. ACCIDENT WAS UND	EDIVING TO U	MILIDA	YES NO			
ICIAN: The law repital or attending rificate has been of far use as the of Health priar to		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M.	Manth Day Year	21c. HOW INJURY OCCURRED (Er	nter nature of injury in Part 1	or Part 2, Item 18.)	
rsic spil spil red r. af	MEDICAL	(If either, notify medical	examiner) P.M.	HOME FARM STREET FACTORY	214 LOCATION SALVA - BEE	No. City		Ch. :
OR ATTENDING PHYSICIAN: The law requires that the death certiff be retained by the hospital or attending physician.  SIRECTOR: After this certificate has been signed by the attending phy e 3 shauld be detached far use as the burial-transit permit. Then ed with the State Dept. of Health priar ta burial, cremation, ar remava		While Not while	ZIG. PLACE OF INJURY	THOME, FARM, STREET, FACTORY, FFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D.	Na. City ar Tawn	County	State
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d by Affre J be Sfre		saw the decease	(this hospital) otten sed alive an	ded the deceased the	and that in (my) (aur) o		n the date and hour a	nd from the
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ECT retor		22b. SIGNATURE	6 1 +	-	ATTENDING	MED CTACE	22c. DATE SIGNED	
OR DIRE		Tene	C. Nmull	V. MD	DEGREE PHYS.	MED. STAFF PHYS.		
may be RAL DIR		22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS	THE OF LINE		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law repaired a may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to								
HC age FU FU	227	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEME		23d. LOCATION (City or To	own) (County)	(State)
5 5 5 V	10	FUNERAL DIRECTOR	JAN 3, 7169		-4 CROSS	Denten	Caroline	and.
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